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		OCT	0 9 2008	Meryl E.	Greff E Suff	(Depositor's name) (Signature) (Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	/ ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/749,621	12/30/2003		Ali R. Rezai		26336-10067	8232	
			PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	<u> </u>			10/09/2008	
nonprovisional	YES	\$720	\$300	\$0 18/89/2888	\$1020 GEBREM2 00000086 1		
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS	01 FC:2501	OCDVEUC ABABABAOO T		
ALTER MORSCHAUS	SER, ALYSSA MARGO	3762	607-115000	02 FC:1504		755.00 OP	
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Tarolli, Sundheim 2 Covell & Tummino LI				
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI	lless an assignee is ident th in 37 CFR 3.11. Com GNEE	ified below, no assignee pletion of this form is NC	(B) RESIDENCE: (CITY	atent. If an assignee is it assignment. 'and STATE OR COUNT	ry)	cument has been filed for	
The Cleve	eland Clinic	Foundation categories (will not be p	Clevela	nd, Ohio Individual 🛭 Corporat	ion or other private gro	up entity Government	
4a. The following fee(s) XX Issue Fee X Publication Fee (No. 1) Advance Order -	No small entity discount p		b. Payment of Fee(s): (Ples A check is enclosed. Payment by credit can the Director is hereby overpayment, to Depo	d. Form PTO-2038 is atta d. authorized to charge the sit Account Number 20-	ached.		
a. Applicant claim	ntus (from status indicate	us. See 37 CFR 1.27.	• •	ger claiming SMALL EN			
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Authorized Signature	-Krl		<u> </u>	Date10/7	/08		
Typed or printed nam	neRichard S	S. Wesorick		Registration No. 40	0,871		
This collection of inform	nation is required by 37 C	CFR 1.311. The informati	on is required to obtain or	retain a benefit by the pub	lic which is to file (and	by the USPTO to process)	

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•		OCT 0 5	2008	Meryl E	Greff	(Depositor's name)		
	•	(A)	activ/	Ment	Eduk	(Signature)		
				10/7/	08	(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	<i>O</i> A-	TTORNEY DOCKET NO.	CONFIRMATION NO.		
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EXAMI	INER	ART UNIT	CLASS-SUBCLASS					
ALTER MORSCHAUSE	ER, ALYSSA MARGO	3762	607-115000	٠				
"Fee Address" indipTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unle	ess an assignee is identi	Indication form ed. Use of a Customer TO BE PRINTED ON fied below, no assignee	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) data will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment.					
(A) NAME OF ASSIG	land Clinic	Foundation	(B) RESIDENCE: (CITY Clevela	nd. Ohio	,	roup entity Government		
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• •	SMALL ENTITY statu		b. Applicant is no long	ger claiming SMALL	ENTITY status. See 37 C	CFR 1.27(g)(2).		
nterest as shown by the re	ecords of the United State	tes Patent and Trademark	Office.	ne applicant; a register	ed attorney or agent; or t	the assignee or other party in		
Authorized Signature _	Kil	1	<u> </u>	Date10/	7/08			
Typed or printed name Richard S. Wesorick				Registration No.				
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